MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34646

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5126 Wilson Av. St. ..... Ward)

File No. .....

Registered No. 9805

2. FULL NAME Antoninia Basta

(a) Residence. No. 5126 Wilson Ave. St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gusseppe Basta

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE: 59 Years About; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

PARENTS

10. NAME OF FATHER: Parguali DeMartino
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Maria Ria
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT: Gusseppe Basta
(Address) 5126 Wilson av.

15. FILED OCT -5 1923 19 May C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1928, to Oct. 4th, 1928 that I last saw h. 08 alive on Oct 4th, 1928, and that death occurred, on the date stated above, at 7.00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-enteritis
131
93C (duration) yrs. mos. 4 ds.
120B
CONTRIBUTORY (SECONDARY) Myocarditis Chronic
Interstitial Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinically
(Signed) Hett Steinmann, M. D
10/5, 1928 (Address) 5715 Southwest Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peter & Paul Cem.
DATE OF BURIAL: Oct. 9 1928

20. UNDERTAKER: Paul C. Calcaterra, 1921
ADDRESS: Cooper

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.